		,		Appacano	u or f	OCKE! NUI	nber							
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									10/766 L47					
CLAIMS AS FILED - PART I SMALL ENTITY												-		
(Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS (COIUMN 2)									 -	_OR	SMALL	ENTITY		
Ш		<u> </u>					L	RATE	FEE	4	RATE	FEE ·		
FOR			NUMBER FILED		NUMBER EXTRA		B	BASIC FEE 385.0		OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			K minus 20=		. 26			XS 9=		OR	XS18=			
IN	DEPENDENT C	LAIMS	6 minus 3 =		3		ſ	X43= 124		OR	X86=			
MULTIPLE DEPENDENT CLAIM PRESENT							寸	+145=	10	OR	+290=	17		
- 11	the difference	Ļ	TOTAL	1	OR	TOTAL								
Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL I			
┍ᠰ	ZWIZ	(Column 1)	ī	HIGH		(Column 3)	· -			7	CIONALE !			
AMENDMENT A		REMAINING		NUME	_	PRESENT		RATE	TIONAL		RATE	ADDI- TIONAL		
		AFTER AMENDMENT		PREVIO PAID F		EXTRA			FEE		TIPLE	FEE		
	Total	.30	Minus	- 6	KO)	- 17	Γ	X\$ 9≖	249		X\$18≟			
	Independent	. 8	Minus	(0_	.2		X43=	2007		X86=			
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								ALLEY	1				
	Paid for 32 9/26/05							+145=	1/-	OR	+290=			
ima la como ilo al co							_	TOTAL		164	TOTAL ADDIT. FEE			
1	10-24-0 (Column 1) (Column 2) (Column 3)									•	AUDII. PEEL			
		CLAIMS		HIGHE		(Column 3)			400:	3 1		4001		
AMENDMENT B		REMAINING AFTER		NUMB	-	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL		
		AMENDMENT		PREVIO		EXTRA	'	MIL	FEE			FEE		
	Total	. 26	Minus	- 3	I	•		XS 9=		OR	X\$18=			
MEI	Inaependent	- 8	Minus	5	?	ı.		V42-			Vec			
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X43=			OR	X86=			
							1.	145=		OR	+290=			
							ADI	TOTAL DIT. FEE	·	OR	TOTAL ADDIT. FEE			
(Column 1) (Column 2) (Column 3)														
AMENDMENT C	`	CLAIMS		HIGHE	ST				ADDI-	ſ	•	ADDI-		
		REMAINING AFTER		PREVIOU		PRESENT EXTRA	F	ATE	TIONAL		RATE	TIONAL		
		AMENDMENT		PAID F	OR		<u> </u>		FEE	L		FEE		
	Total	•	Minus	•		=	×	(\$ 9 ≠		OR	X\$18=			
	Independent	•	Minus	***		3	Γ,	(43=		1	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	- ~ ~ ~			
* If the entry in catumn 1 is less than the entry in column 2, write "0" in column 3.											+290=			
- 11	the entry in calum	nn 1 is less than the nber Previously Pai	entry in colu d For IN THE	nn 2. write 'i S SPACE ic I	or in colu ess than	ımn 3. 20. enter "20."	455	TOTAL		OR ,	TOTAL			
	the "Highest Nur	mber Previously Paid ber Previously Paid	d For IN THE	S SPACE IS	less than	3, enter "3."		IT. FEE I	<u> </u>	_	DOIT. FEE L 1700 1.			
			· - fram m	~ . ~ . ~ . ~	n.e.		,					1		